

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
3001528660

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.
K-6527-1

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORMC-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name

AVALON (DELAWARE) UNIT

1. Type of Well:
OIL WELL ☐ GAS WELL ☐ OTHER **INJECTOR**

2. Name of Operator
EXXON CORPORATION

8. Well No.
254

3. Address of Operator **ATTN: REGULATORY AFFAIRS ML#14**
P. O. BOX 1600
MIDLAND, TX 79702

9. Pool name or Wildcat
AVALON DELAWARE 3715

4. Well Location

Unit Letter **N** : **1152** Feet From The **SOUTH** Line and **1489** Feet From The **WEST** Line
Section **30** Township **20S** Range **28E** NMPM **EDDY** County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3291' GR

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG & ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: **CONVERT TO INEJCTOR** ☒

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

03/05/97 MIRU POH W/ RODS AND PUMP, ND WH AND NU BOP. TEST PACKER
03/06/97 RIH W/KBH-22 ANCHOR SEAL ASSEMBLY AND (SET @ 2308) TBG
03/07/97 WELL SHUT IN WAITING ON TIE TO WATER SYSTEM
04/10/08 RAN PACKER LEAKAGE TEST - TESTED OK
04/13/97 BEGAN INJECTION

RECEIVED

MAY - 6 1997

OIL CON. DIV.
DIST. 2

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Sharon B. Timlin TITLE Sr. Staff Office Assistant DATE 05/05/97

TYPE OR PRINT NAME Sharon B. Timlin (915) 688-6166 TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

APPROVED BY _____ TITLE _____ DATE JUN 19 1997

CONDITIONS OF APPROVAL, IF ANY: